



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT KOKOMO HOSPITAL

City of Hospital: Kokomo

Year Begin: 07/01/2017 (mm/dd/yyyy format)

Year End: 06/30/2018 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-0010

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$174596858
Outpatient Patient Service Revenue	\$344370326
Total Gross Patient Service Revenue	\$518967184

2. Deductions From Revenue

Contractual Allowance	\$355125987
Other Deductions	\$10825822
Total Deductions	\$365951809

3. Total Operating Revenue

Net Patient Service Revenue	\$153015375
Other Operating Revenue	\$1020089
Total Operating Revenue	\$154035464

4. Operating Expenses

Salaries and Wages	\$35815477	Employee Benefits	\$11044393
Depreciation and Amortization	\$3996277	Interest Expense	\$572402
Bad Debt	\$0	Other Expenses	\$82061310
Total Operating Expenses	\$133489859		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$20545505	Total Assets	\$52281000
Net Non-operating Gains over Loss	\$-1187910	Total Liabilities	\$42857000

Total Net Gains	\$19357595
-----------------	------------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$269271888	\$213305321	\$55966567
Medicaid	\$82959656	\$61833719	\$21125937
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$166735640	\$90812769	\$75922871
Total	\$518967184	\$365951809	\$153015375

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$247337	\$-247337

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$3077	\$-3077
Hospital Patients	\$0	\$0	\$0
Community Education	\$16869	\$517451	\$-500582

Number of Medical Professionals Trained	136
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	4077

Statement Six: Charity Statement

Hospital Charity Charges	\$18588454
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4438330	
HCI Payments	\$0		
Subtotal	\$0	\$4438330	\$-4438330
Medicaid Shortfalls	\$21125938	\$28242602	
Subtotal	\$21125938	\$32680932	\$-11554994
DSH Payments	\$0		
Subtotal	\$21125938	\$32680932	\$-11554994
Medicare Shortfalls	\$55966567	\$64293534	
Other Government Programs	\$0	\$0	
Total	\$77092505	\$96974466	\$-19881961

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$454737	\$-454737
Community Assessment	\$0	\$89902	\$-89902
Provision of Taxes	\$0	\$8434484	\$-8434484
Other Allocations	\$0	\$0	\$0

Comments